

Bureau of Professional Licensing PO Box 30193 ● Lansing, MI 48909 Telephone: (517) 241-0560 www.michigan.gov/bpl BPLHelp@michigan.gov

REGISTERED DENTAL ASSISTANT REEXAMINATION REQUEST

Authority: 1978 PA 368

Print or Type Clearly							
Name (First, Middle, Last)			Date of Birth				
Address							
City	1.	State		Zip Code	Country		
City		Otate		Zip Code	Country	Country	
Telephone Number			Email Addre	SS			
List any other name or alias by which you h	nave ever heen know	wn in	cluding maic	len name if ann	olicable.		
List any other harne or ands by which you i	iave ever been knov	, viii, iii	cidaling maic	ien name, ii app	nicabic.		
I am requesting reexamination for the following reason:							
I was not successful when I took the exam on (date):							
I was not successful when I took t	ne exam on (date)						
I was absent from the exam on (date):							
	•						
Signature				Date			
CHECK EXAMINATION TYPE			FOR OFFICE USE ONLY				
Change One			License Nun	nber		Issue Date	
Choose One:							
Written and Clinical	\$70.00 2903-27						
Written Only	\$35.00 2903-28						
Entire Clinical Only	\$35.00 2903-28						
Part of Clinical (choose one below)	\$35.00 2903-28						
Temp. Crown							
Amalgam							
Your check or money order, drawn from a	U.S. financial institu	ıtion					
and made payable to the STATE OF MICHIGAN, must accompany this request. DO NOT SEND CASH. Fees are non-							
refundable.	CASH. FEES ale I	1011-					

LARA/BPL-RDAREEXAM (Rev. 12/15)

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